

L.E. and Thelma E. Stephens Performing Arts Center Naming Opportunities

Name	
	's Name:
	s:City:
State:	Zip Code:Phone Number:
Email	address:
I wou	like to make a donation for the following:
	eat(s) in the Joseph C. and Cheryl H. Jensen Grand Concert Hall (\$5,000 per seat)
	eat(s) in the Beverly B. Bistline Thrust Theatre (\$3,500 per seat)
	ecognition plaque at the entrance of the Black Box Theatre (\$1,800 per name)
Seat p	eference
	try to accommodate your preferred seats as long as they have yet to be named.
perso	uld be happy to arrange a tour of the Stephens Performing Arts Center, where you can ally select your seat from those still available in any of the three venues. Please call Mikaylan at (208) 282-5383.
Engra	e my nameplate(s) as follows:
Seat 1	
Seat 2	
Seat 3	
Seat 4	
Or if y	u would like the same name on all seats, please check this box $\ \square$
	A check is enclosed for the full amount of: \$
	Please bill my credit card. The ISU Foundation accepts Visa, Mastercard, Amex, Discover
	Credit Card # Security Code
	Name on Card
	I pledge to pay the amount of my seats in \Box 1 year \Box 2 years
□ Mo	select how often you would like your card charged if you would like to pay via credit card. thly 🗆 Quarterly 🗆 Annually
If trout	want to now win shock, we will cond pladge reminders to the address noted shows. Disease

If you want to pay via check, we will send pledge reminders to the address noted above. Please select when you would like them mailed. \Box Quarterly \Box Annually

Signature: _____Date:_____Date:_____